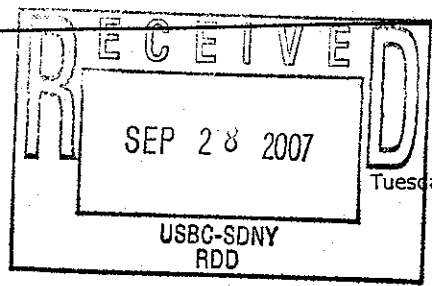




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Tuesday, May 2, 2006

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Transaction History Results

DELPHI PSP (29000)

Messages

View

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- Plan Information and Documents

Change Time Period

Click a column heading to sort the table by that category. Click the arrow within the column heading to reverse the sort order.

Click the [icon] for source detail.

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History Period: 11/01/2005 to 11/30/2005

View by: Investment | Source

Act

- Payroll Deductions
- Change Investments
- Dividend Elections
- Loans or Withdrawals
- Electronic Payments

Transaction History:

	Date	Investment	Transaction	\$ Amount	# Shares or Units
	11/30/2005	FID NEW MARKETS INC	Dividends	\$343.73	23.657
	11/23/2005	FID NEW MARKETS INC	Loan Repayments	\$236.87	16.245
	11/23/2005	FID NEW MARKETS INC	Contribution	\$266.78	18.298
	11/18/2005	FID NEW MARKETS INC	Loan Repayments	\$236.87	16.359
	11/18/2005	FID NEW MARKETS INC	Contribution	\$260.11	17.963
	11/10/2005	FID NEW MARKETS INC	Loan Repayments	\$236.87	16.483
	11/10/2005	FID NEW MARKETS INC	Contribution	\$266.78	18.565
	11/09/2005	PROMARK INCOME FUND	Exchange In	\$4,104.93	216.683
	11/09/2005	DELPHI COMMON STOCK	Investment Gain/Loss	-\$55,031.43	0.000
	11/09/2005	DELPHI COMMON STOCK	Exchange Out	-\$4,104.93	-1,120.629
	11/04/2005	FID NEW MARKETS INC	Loan Repayments	\$236.87	16.575
	11/04/2005	FID NEW MARKETS INC	Contribution	\$266.78	18.669

Tools & Learning

Change Time Period

Questions? Call (877) 368-2DPH.

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DC=425 HW=4 IA=2 AT=3 DX=1 OZ=3 SZ:

Grand Rapids Press Big headlines 400+ executives asking over 36 million in compensation or bonuses I know all the overseas Delphi plants were built out of GM & Delphi's profits, are making billions, the Delphi stock I bought understanding was with wide stock, 1999 at I bought every week at \$45.50 dollar a share of World wide Company stock at around \$2.23 cent a share was sold from under me - was close to 400 per share went for sale in Retirement, with 30 yrs working there, if I wanted health care! I turned 66 Aug 23 - Jan 16, 08 will be 52 yrs since I had heart surgery, I pay \$9.00 a month to guarantee will get some benefit (30) towards health care, I still have ringing in my ears from working yet in plant drunk Ringing of ears still on record in nurses office. Help will be appreciated and Remembered, Thank you

GP Spencer

UNITED STATES BANKRUPTCY COURT Southern District of New York		Pg 2 of 2	PROOF OF CLAIM
Name of Debtor Delphi Corporation		Case Number 05-44481	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): Spencer James		<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h1 style="margin: 0;">RECEIVED</h1> <p style="font-size: 1.2em; margin: 5px 0;">SEP 28 2007</p> <p style="margin: 5px 0;">USBC-SDNY RDD</p> </div>	
Name and address where notices should be sent: Spencer James 483 Hubbard St Ne Grand Rapids MI 49525-2533			
Telephone number: 616-363-9766		THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods Sold / Services Performed <input checked="" type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money Loaned <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other <u>12 years savings put into Delphi stock</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: <u>2969</u> Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: <u>11-9-2005</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>51,926.50</u> (unsecured) <u>\$152,000</u> (secured) <u>\$201,936.50</u> (Total) <input checked="" type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</small>	
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date: <u>9-18-07</u>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):	

